

1953

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>35</u>	
County <u>Cochise</u>		State <u>ARIZONA</u>		Local Registrar's No. _____	
District or Township _____		or Village _____		or _____	
City <u>PEARCE</u>		No. _____		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>HANNAH IDA MONMORIER</u>					
(a) Residence, No. _____ (Usual place of abode) St. _____ Ward _____					
(If non-resident, give city or town and State)					
Length of residence in city or town where death occurred <u>24</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>FEMALE</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>MARRIED</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>WM D. Monmonier SR.</u>					
6. DATE OF BIRTH (month, day and year)					
7. AGE <u>70</u>	Years	Months	Days	LESS than 1 day or less than 1 hr.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>HOUSEWIFE</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (city or town) (State or country) <u>NORTH CAROLINA</u>					
10. NAME OF FATHER <u>SWAIN</u>					
11. BIRTHPLACE OF FATHER (State or country) (city or town) <u>N Carolina</u>					
12. MAIDEN NAME OF MOTHER <u>McKINNEY</u>					
13. BIRTHPLACE OF MOTHER (State or country) (city or town) <u>NORTH CAROLINA</u>					
14. Informant <u>W. D. 177</u> (Address) <u>Pearce Arizona</u>					
15. Filed <u>April 22</u> , 19 <u>30</u> <u>Wm. D. Monmonier</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>4-19-30</u> Month Day Year					
17. I HEREBY CERTIFY That I attended deceased from <u>4-14-30</u> to <u>4-19-30</u> that I last saw him alive on <u>4-16-30</u> and that death occurred, on the date stated above, at <u>64</u> m. The CAUSE OF DEATH* was as follows: <u>Tuberculosis</u>					
CONTRIBUTORY (duration) <u>12</u> yrs. mos. ds. <u>Arteriosclerosis</u> <u>Myocardial degeneration</u> (duration) <u>2</u> yrs. mos. ds.					
18. Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Clinical</u> (Signed) <u>P. P. [Signature]</u> <u>4-20-1930</u> (Address) <u>Douglas</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, <u>Spring Valley</u>				DATE OF BURIAL <u>April 21 1930</u>	
20. UNDERTAKER <u>Frank W. [Signature]</u>				ADDRESS <u>Willcox, Ariz</u>	